



General Permission & Medical Release Form

Greater Milwaukee Synod, ELCA

Participant's Name: _____ Male / Female

Address: _____

City, State, Zip _____

Telephone: _____ Date of Birth: _____ Grade: _____

Parent/Guardian Name: _____ Home Phone: _____

Work Phone: _____ Cell: _____

Secondary Emergency Contact: _____ Home Phone: _____

Work Phone: _____ Cell: _____

Family Physician: _____ Phone: _____

Are all Immunizations current? Yes / No Date of Last Tetanus shot: _____

Health Insurance:

Insurance Company: _____ Phone: _____

Primary Policy Holders Name: _____ Policy #: _____

Medical Conditions or Concerns:

Participant is allergic to : _____

Is your child on regular medication? If so, please list drugs, dosage & frequency:

(Continued)

Please list any other medical, diet, or personal information (e.g. medical conditions, medications, family

situations, etc.) from which our adult leaders would benefit when they are responsible for your child.

Synod Event: Synod Assembly 2012 **Event Date:** May 31-June 2, 2012

Congregation: _____

City, State: _____

RELEASE OF ALL CLAIMS

In consideration of being accepted by the Greater Milwaukee Synod, ELCA for participation in youth ministry events:

I (we) do for myself (ourselves) and on behalf of my child/participant do hereby release, forever discharge, and agree to forever hold harmless the Greater Milwaukee Synod ELCA, the employees and agents thereof, from any and all liability, claims and demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by me or my child/participant resulting from said child's participation in the synod sponsored youth events, including travel, recreation and all associated activities.

Further, I (we) (and on behalf of our child/participant under 18 years of age) hereby assume all risk of said personal injury, sickness, death, damage and expenses as a result of participation as above set forth. I also understand that staff and volunteers are not responsible for the administration of prescribed medication and I (we) have made private arrangements for any medication taken on a daily schedule by my child/participant.

I (we) am (are) the parent (s) or legal guardian (s) of this participant, and hereby grant my (our) permission for him/her to participate fully in said youth events, and give my (our) permission to take said participant to a doctor/hospital, share the above medical information and authorize treatment, including, but not limited to emergency surgery or medical treatment, and assume responsibility of all medical bills incurred by my child.

I (we) also release the participant's name as part of an information database for the synod and ELCA related entities, and that photos/videos produced by the synod become property of the synod and can be used for ELCA related purposes and publicity including the Synod's website.

_____ (Please check if appropriate) I do not want my child's photo used in any publicity for the Greater Milwaukee Synod, ELCA including the synod website, promotion posters, or related material.

Parent/ Guardian Signature: _____ **Date:** _____

Participants Signature (if over 18): _____ **Date:** _____